

Case Number:	CM14-0151113		
Date Assigned:	09/19/2014	Date of Injury:	09/22/2010
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spinal Surgeon and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has a date of injury of September 22, 2010. The patient has chronic back pain and has had anterior and posterior fusion with revision. Physical exam shows decreased range of motion of the back with tenderness along the SI joint. X-rays show solid fusion of L5-S1. Patient has had hardware removal procedure was decreased pain since hardware removal. She's also had physical therapy 12 sessions. The patient takes medications for pain. At issue is whether Nexium is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nexium 40mg QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guideline

Decision rationale: Nexium is a medicine used to reduce heartburn and pain caused by acid reflux. It is also used in patients who cannot tolerate NSAIDs and have GI dysfunction. MTUS guidelines do not recommend Nexium for the patient who does not have GI symptoms or at risk

for GI dysfunction. The medical records do not document that this patient is at risk for GI symptoms or has previous GI dysfunction with intolerance to NSAIDs. Criteria for the use of this medicine not met.